



# DEERING ESTATE AT CUTLER

<b>Job Title</b>	Volunteer: Eco-tour Assistant
<b>Objective</b>	To advance the environmental and cultural stewardship mission of the Deering Estate at Cutler by assisting the Education & Interpretive Staff in providing tours and programs for the public.
<b>Job Description</b>	Eco-tour Assistants assist with the Estate's outdoor tours and programs for the public, including canoe and bicycle excursions and nature hikes. They set up equipment; greet groups; assist the Education & Interpretive Staff with activities; clean up; and put away equipment.
<b>Requirements</b>	Applicants will be required to comply with Miami-Dade County's policies which include submitting to a criminal background check and fingerprinting by the Park Department. Eco-Tour Assistants must be enthusiastic, cheerful and willing to learn. They should be 21 or older, have an interest in the environment, and enjoy working with people. They must be able to swim, ride a bicycle, canoe and/or kayak, hike at least 2 miles, and lift at least 50 lbs. Boating experience and current certifications in Adult/Child CPR, First Aid, Basic Water Safety, Small Watercraft Safety, and/or Lifeguard are preferred but not required.
<b>Availability</b>	Early mornings, weekend days, and some evenings. Eco-Tour Assistants must commit to helping with at least one program per month for the duration of their service.
<b>Training &amp; Benefits</b>	After a site orientation, Eco-Tour Assistants shadow Estate staff on guided tours to gain knowledge of the interpretive themes and acquire skills in leading groups. They receive complimentary admission to Estate-sponsored events during their service period, and they are recognized at the annual Miami-Dade County Park and Recreation Volunteer Day and Award Ceremony.
<b>Required Forms</b>	<i>Volunteer Application, Affidavit of Volunteer Service, and Fingerprint and I.D. Information.</i>



# DEERING ESTATE AT CUTLER

**1. Please tell us why you would like to become a volunteer at the Deering Estate at Cutler.**

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**2. What are your key skills, abilities, and interests?**

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**3. What training or experience do you have that will be helpful in this position?**

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**4. How do you hope to benefit from your service?**

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Miami-Dade Park and Recreation Department

**Volunteer Application**

*Please print clearly and return completed form to the facility where you would like to volunteer or any Miami-Dade park office.*

Today's Date:		Individual <input type="checkbox"/> Corporate <input type="checkbox"/> Co. Name:			
SS#:		Date of Birth:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Last Name:		First Name:		MI:	
Address:		Apt #:	City:	State:	Zip:
Home Phone:		Cell Phone:		E-Mail:	
Are you 18 years of age or older? YES <input type="checkbox"/> NO <input type="checkbox"/>			Driver's License Number or ID Number:		

Will you be volunteering more than three (3) times within the next six months? Yes <input type="checkbox"/> No <input type="checkbox"/>	
When are you available to start as a volunteer?	
Is this volunteer service required by a government agency or court order? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you fulfilling requirements for community service hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Have you ever been convicted of a felony? Yes  No   
 If yes, please explain below. (Answering yes does not necessarily exclude you from being selected for volunteer service)

*Please check below which areas are of interest to you?*

Education	Customer Relations	Administrative / Computer	Specialty / Miscellaneous
<input type="checkbox"/> Academic Tutoring	<input type="checkbox"/> Hosting / Greeting	<input type="checkbox"/> Office / Clerical Work	<input type="checkbox"/> Dog Park / Maintenance
<input type="checkbox"/> Sports Development	<input type="checkbox"/> Chaperone	<input type="checkbox"/> Research	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Teaching Arts / Other _____	<input type="checkbox"/> Special Event(s) _____	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Animal Husbandry
<input type="checkbox"/> Naturalist / Nature Camp	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Golf Course / Ranger Starter

*Please tell us how you found out about volunteering or the Adopt-A-Park Program with Miami Dade Park and Recreation?*

<input type="checkbox"/> Newspaper	<input type="checkbox"/> School	<input type="checkbox"/> Website	<input type="checkbox"/> Park Employee / Friend	Other:
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<b>I request approval to volunteer my services at:</b>
<b>Under the supervision of (park manager or designee):</b>

**USE OF SOCIAL SECURITY NUMBER**  
 The Miami-Dade Park & Recreation Department (the "Department") collects your Social Security number for identification and verification, reconciliation, tracking, and record keeping purposes. Social Security numbers are also used as a unique numeric identifier and may be used for internal search purposes.

**INDEMNIFICATION**  
 I understand that I am not an employee of Miami-Dade County (the "County") and will not receive payment for my volunteer services. I understand that as a volunteer I am covered under the Workers' Compensation Laws of the State of Florida as outlined in Chapter 440 of the Florida Statutes. I further agree to immediately notify my supervisor if I am injured in the performance of my volunteer duties.

I further understand that as a volunteer I am not allowed to operate any power equipment, drive County vehicles, handle County funds, supervise County employees, provide "life guarding" services or use/handle pesticides, herbicides or other hazardous chemicals. Exceptions to these restrictions must be approved in writing by the Department Director.

By signing this request, I additionally certify that I am aware that the Department will make the appropriate inquiries into my background as prescribed by Florida Statute 943.04351 (2004) and Chapter 26 of the Miami-Dade County Code.

In exchange for the opportunity to perform volunteer services for the County, and the County's permission to access certain County facilities for this purpose, and for other good and valuable consideration, receipt of which is hereby acknowledged, the undersigned hereby releases, indemnifies and saves harmless the County, its officers, officials, agents, employees, successors and assigns, from and against any and all liabilities, actions and causes of action which may arise, directly or indirectly, from the services and work to be performed by me as a volunteer and from the premises which I will occupy in performing those services and matters incidental thereto. I declare that all the information provided on this application is true, and I understand that any falsification or misrepresentation may result in my termination from the County's volunteer program.

Applicant Signature _____	Date _____	If Volunteer is less than 18 years old, please complete the following:	Parent's Name & Address:	
			Signature:	Date:

For Office Use Only				
STV	LTV	CMV	DDL:	Index Code (if LT or CMV):
Preliminary Check: Yes <input type="checkbox"/> No <input type="checkbox"/>			PreLim BG Approval:	
VECHS Check: Yes <input type="checkbox"/> No <input type="checkbox"/>			VECHS Results Approval:	



Stephen P. Clark Center  
111 N.W. 1<sup>st</sup> Street, 20<sup>th</sup> FL  
Miami, FL 33128

# MIAMI-DADE COUNTY HUMAN RESOURCES FINGERPRINT AND I.D. INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (State or Country): \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Ft. \_\_\_\_\_ In. Weight: \_\_\_\_\_ Lbs. Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Race which you would be identified (Please Check One):

\_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian \_\_\_\_\_ Other

Are you a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ Social Security #: \_\_\_\_\_

Department: \_\_\_\_\_ Occupation: \_\_\_\_\_

Start Date: \_\_\_\_\_

To be filled by **Department Personnel Only**. Please provide index code on PCD for New Hire Orientation Purposes only.

Title of Position: \_\_\_\_\_ Employee Status: \_\_\_\_\_

Job Opening #: \_\_\_\_\_ Index Code: \_\_\_\_\_

Temp Agency (If Applicable): \_\_\_\_\_

I hereby certify that all statements made are true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Affidavit of Volunteer Service**

I understand that I am not an employee of Miami-Dade County (the "County") and will not receive payment for my volunteer services. I understand that as a volunteer I am covered under the Workers' Compensation Laws of the State of Florida as outlined in Chapter 440 of the Florida Statutes. I further agree to immediately notify the service site supervisor if I am injured in the performance of my volunteer duties.

I further understand that as a volunteer I am not allowed to operate any power equipment, drive County vehicles, handle County funds, supervise County employees, provide "life guarding" services or use/handle pesticides, herbicides or other hazardous chemicals. Exceptions to these restrictions must be approved in writing by the Department Director.

By signing this request, I additionally certify that I am aware that the Department will make the appropriate inquiries into my background as prescribed by Florida Statute 943.04351 (2004) and Chapter 26, Section 39 of the Miami-Dade County Code. If violations are found, I agree that I shall be prohibited from performing volunteer services on park property owned or operated by Miami Dade County in accordance with Chapter 26, Park and Recreation Department Rules and Regulations, Section 38, Background Checks Required for Child Event Workers, Park Vendors, and Programming Partners of Community Based Organization (CBO) Employees and Volunteers.

I further agree to report any arrest within forty-eight (48) hours of such arrest.

In exchange for the opportunity to perform volunteer services for the County, and the County's permission to access certain County facilities for this purpose, and for other good and valuable consideration, receipt of which is hereby acknowledged, the undersigned hereby releases, indemnifies and saves harmless the County, its officers, officials, agents, employees, successors and assigns, from and against any and all liabilities, actions and causes of action which may arise, directly or indirectly, from the services and work to be performed by me as a volunteer and from the premises which I will occupy in performing those services and matters incidental thereto. I declare that all the information provided on the Volunteer application is true, and I understand that any falsification or misrepresentation may result in my exclusion from the County's volunteer program.

Volunteer Printed Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_